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THE DOCTORS WEEKLY

AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

VOL. II—No. 17. NEW YORK, OCTOBER 22, 1892. TERMS $2.00 A YEAR.

7 Reasons why Papoid is superior to Pepsin

1 Digestive Power.

"In other words, Papoid possesses the combined powers of Salivary, Gastric, and Pancreatic ferments." (KILMER.—Paper read before New Jersey Pharmaceutical Association.)

2 Acts Throughout Entire Alimentary Canal.

"An additional advantage of Papoid (in diphtheria) is that it helps Nature to digest whatever food there may be in the alimentary canal." (LOVE, Prof. Clin. Med. and Dis. of Children, Marion Sims Coll. Med. St. Louis,)

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"But much more convenient than this will be found the dusting of a minute portion of Papoid beneath the protective strips. This succeeds well, because Papoid acts best in a concentrated medium of any reaction whatever, pepsin only in a dilute acid solution." (MORTON, on Leg Ulcers, read before Phila. County Med. Society.)

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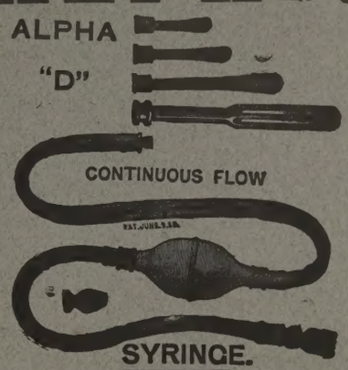

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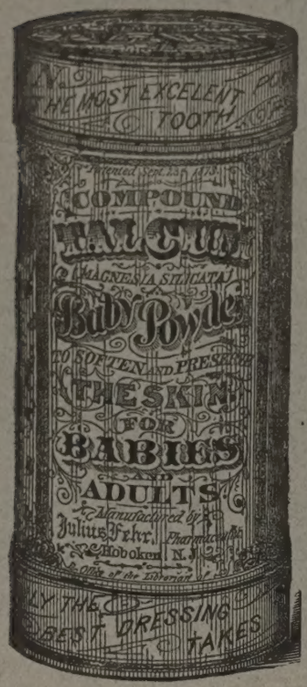

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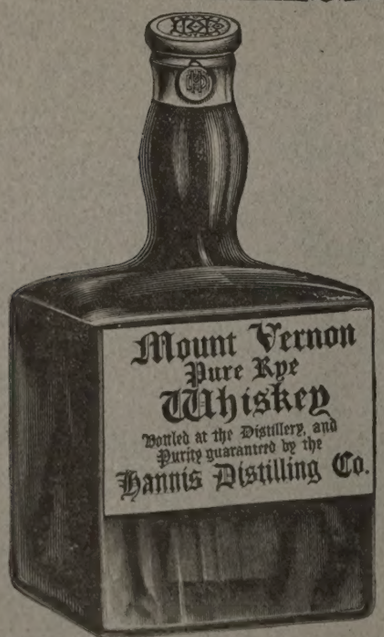

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7 Reasons why Papoid is superior to Pepsin

See Outside Front Cover.

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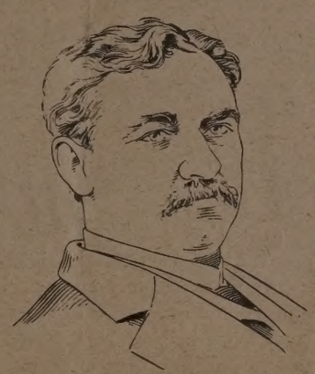

RICHARD CHANNING MOORE PAGE, M.D.

DR. RICHARD C. M. PAGE was born at Keswick, Virginia, in 1841. He was educated at the University of Virginia. He entered the Confederate Army at the age of twenty, in 1861, and served until the close of the war, attaining the rank of captain. After the close of the war he returned to the University of Virginia, where he graduated in medicine in 1867. The same year he came to New York and matriculated at the University of the City of New York, graduating in 1868. After serving as Interne at Bellevue and the Woman's Hospitals he began to practise in this city. In 1886 Dr. Page was appointed Professor of Diseases of the Chest and General Medicine in the New York Polyclinic, a position which he still occupies. He is the author of a number of important medical works, among them being a "Chart of Physical Science" and "The Practice of Medicine," which has recently appeared.

Dr. Page is a Fellow of the Academy of Medicine, Member of the County Medical Society, Pathological Society, Society for the Relief Widows' and Orphans' Med. Men, N. W. Medical and Surgical Society and the Alumni Society of Bellevue Hospital. He is Consulting Physician to St. Elizabeth's Hospital and Visiting Physician to the R. I. Hospital.

MICHAEL J. B. MESSEMER, M.D.

DR. M. J. B. MESSEMER was born in New York City in 1851. He was left an orphan when only seven years of age, both his parents having been lost at sea by the burning of the steamer "Austria" on her first trip across the Atlantic in 1858. Dr. Messemer received his Degree of Medicine at the Bellevue Hospital Medical College in 1875. In 1880 he was appointed Deputy Coroner, and four years later Coroner, a position which he still holds. Dr. Messemer is a member of the County Medical Society, Pathological Society, Medico-Legal Society, Neurological Society, Society Medical Jurisprudence and the German Medical Society. He has been connected with the Mt. Sinai Hospital for fifteen years.

CYRUS EDSON, M. D.

Dr. Cyrus Edson was born in Albany, N. Y., in 1857. He was educated at Columbia College, and received his Degree of Medicine from the N. Y. College of Physicians and Surgeons in 1881. In 1882 he was appointed temporary Assistant Sanitary Inspector, and served in the small-pox epidemic of that year. In the Fall of 1882 he was made permanent Assistant Sanitary Inspector, and the fol-

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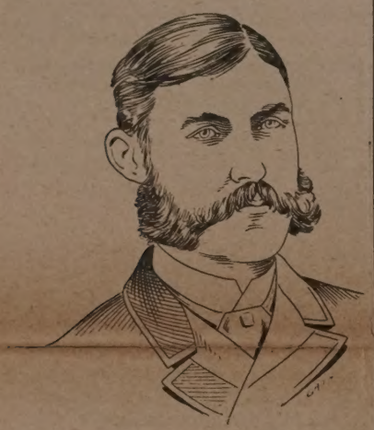
lowing year he was appointed Inspector. In the Spring of 1884 he was promoted to the Chief Inspectorship, and assigned to the Division of Adulterated Foods and Drinks. In 1886 he was placed in charge of the Division of Contagious Diseases, where he served until April, 1891, when he was put at the head of the department as Sanitary Superintendent. In 1887 he was elected by the College of Pharmacy as President of the Board of Pharmacy of the City and County of New York; to this position he was reelected in 1890. He has served as surgeon of the 12th Regiment, and afterwards as surgeon of the 1st Division, on the staff of the Major-General. For many years he has been a member of the Committee on Hygiene of the County Medical Society.



WILLIAM T. JENKINS, M.D.

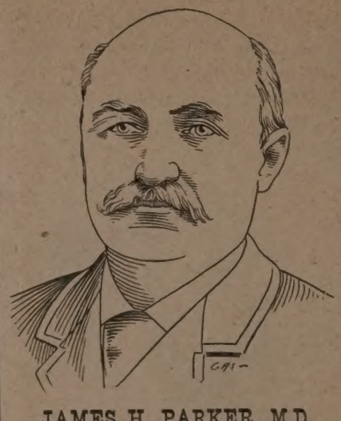
The name of Dr. William T. Jenkins adds another to the long list of prominent physicians in New City who were born and brought up in the South. Dr. Jenkins was born in Mississippi and received his early education in that State. In 1879 he received the Degree of Doctor of Medicine from the University of Virginia, and after practising for a time in the South he came to this city. A few years ago Dr. Jenkins succeeded Dr. Smith as Health Officer of the Port of New York, and it is needless to recount here how zealously he has performed the duties of that office.

Dr. Jenkins is a member of the New York County Medical Association and the New York State Medical Association.

During the week ending October 1st, 1892, there were reported in New York City 60 cases of diphtheria, 30 cases of measles, 39 cases of scarlet fever, 7 cases of smallpox and 35 cases of typhoid fever. There were 954 births and 689 deaths.

J. HARVIE DEW, M.D.

Dr. Dew was born on his father's estate in King and Queen County, Virginia, October 18, 1843. At the age of 18 he enlisted in the Confederate Army under the leadership of the famous cavalry-man, "Jeb" Stuart, and continued in the service until the end. After the war he studied medicine at the University of Virginia where he graduated in 1867. In 1868 located in New York City, where he has since practised his profession. In 1872 Dr. Dew was elected Professor of Anatomy, Physiology and Hygiene in the New York Evening High School, in which capacity he has made a splendid reputation as a lecturer and teacher. Dr. Dew is a Fellow of the Academy of Medicine and a member of several local societies. In 1885 Dr. Dew married Miss Bessie Martin, of Memphis, Tenn.



JAMES H. PARKER, M.D.

Dr. James H. Parker was born in Johnston County, North Carolina, in 1843. At the age of nineteen, at the outbreak of the Civil War, he joined the 62d Regiment Georgia Cavalry, and later on was transferred to Robert's North Carolina Brigade. He was afterwards made second lieutenant and held this rank until 1864, when he resigned his commission. After the close of the war he graduated in medicine and practised for a number of years in the South. In 1870 he turned his attention to commercial pursuits, and removed to New York in 1872, where he now holds a prominent place among well-known financiers. He was formerly Vice-President of the National Park Bank, and is now President of the United States National Bank. Outside of his official duties Dr. Parker is interested in various other enterprises; he is a member of a large number of clubs and societies, and is President of the New York Club and the New York Southern Society.

THE NEW YORK COUNTY MEDICAL ASSOCIATION.

Stated Meeting, Held Monday Evening, Oct. 17, 1892.

(Reported expressly for The Doctors Weekly.)

Cholera, its Propagation and Treatment: Dr. Charles A. Leale, 604 Madison avenue, read a paper with this title. He stated that the question, Where did Asiatic cholera originate, has been the subject of much controversy. Some writers have claimed that it originated in spontaneous generation, but our investigations lead against this conclusion. Some claim that it originated in India, others in Hindooiim, and still others say that it had its beginning in the filth of the worshippers at Mecca. As a matter of fact, the disease is always present in some part of Hindoostan, only awaiting a favorable opportunity to commence its travels around the globe. From Hindoostan it spreads to China and Japan, then through Asia and Europe to the Western Continent. It thrives in filth, and is called the "filth disease." A sporadic case of cholera occurs in a Hindoo village. The patient is placed in the smallest room, a fire is lighted, and the family and friends squat around him and pray. The patient vomits and defecates on the floor, and the fomites of the disease must necessarily be carried further. In a few days other cases occur in the village, and thus the seeds of an epidemic are sown.

One of the strange facts about an epidemic of cholera is that after a short time it ceases to exist outside of Hindoostan. The epidemics end just as suddenly as they begin. The disease does not long survive a removal from its native soil. Epidemics in America are of short duration, generally terminating in two years. Why it does not lurk longer in the filthy dens into which it has been introduced we do not know. Much appertaining to the disease is still obscure. Various theories hrve been advanced as to how sporadic cases of the disease appear. Meteorologists claim that variations of heat and moisture have a bearing on the subject, and that the fomites of the disease are carried in the dust of the whirlwind, while the astronomers say that the appearance and disappearance of spots on the sun have some connection with epidemics.

Dr. Leale then gave an account of his own experience with the disease. Death is usually due to the fact that the heart is unable to continue the circulation of the blood, or to the diminution in the temperature, or to exhaustion, caused by the intense pain and muscular cramps. In treating the disease, the speaker said he did not favor transfusion into the veins, as the patient is likely to be killed by the severity of the operation, nor did he approve of injecting a large quantity of a saline solution under the skin, by which we try to establish absorption in a strange tissue. Instead of this he advocated the injection into the intestines of a solution of warm broth or egg albumen, by means of a rectal tube; this solution, he said, is quickly taken up by the blood, and is of great benefit, even in the most formidable cases of cholera.

In conclusion, Dr. Leale referred to the great danger in which New York City was placed during the past two months. Everything, he said, was ripe for a cholera epidemic in this city, and it was only averted by the untiring efforts of our Health officers, Drs. Jenkins and Edson.

THE CHOLERIFORM DIARRHŒA OF YOUNG CHILDREN: ITS DIFFERENTIATION FROM CHOLERA—Dr. J. Lewis Smith, 64 W. 56th street, read a paper on this subject. He stated that this disease is sometimes designated cholera infantum. It is entirely distinct from Asiatic cholera. It is characterized by frequent stools, vomiting, rapid and progressive emaciation aad loss of strength. It usually occurs during the hot months of the year, and in children under two years of age. It sometimes begins abruptly, the health of the child having been poor. Unless there has been previous diarrhœa, the first evacuation may contain considerable fæcal matter; then the stools become very thin, sinking into the diapers like urine. They usually have a musty, offensive odor; occasionally they are odorless. Irritation of the stomach, which commences about this stage, increases the prostration and the danger. Retching may occur without vomiting. The thirst is intense; the appetite lost. The pulse is accelerated. The temper-

ature of the extremities is low; the internal temperature is very high; it may be 105, or even as high as 107. The infant may be restless at first, although it does not seem to have any abdominal pain or tenderness. Emaciation is so rapid that after a few hours it is difficult to recognize the melancholy aspect of the infant. The eyes are sunken; the eyelids and lips open The bony angles are prominent. The child is quiet in the latter stages, not disturbed even by the flies which may alight on the face. It gradually becomes more feeble, the pupils fail to respond to light, the stupor deepens, and a fatal termination usually takes place in twenty-four to forty-eight hours. The respiration becomes accelerated just preceding death.

In regard to the etiology of the disease Dr. Smith said that while it may be due to microbic action, it is largely due, in his opinion, to dietetic and hygienic causes. The disease may be regarded as a severe form of gastro-intestinal catarrh. The general concensus of opinion is that it is not contagious.

CHOLERA: BACTERIOLOGICAL DIAGNOSIS IN THE CASES WHICH HAVE LATELY OCCURRED IN NEW YORK—Dr. Edward K. Dunham, 347 Lexington avenue, made some remarks on this subject. He illustrated the same by means of stereopticon views of micro-photographs of the cholera bacilli, taken at various stages of their development. He also presented some microscopic specimens of cultures obtained in the cholera cases lately reported in this city.

THE PROBABLE ADVANTAGES OF QUARANTINE AND THE PROPER METHODS OF CONDUCTING IT: By Dr. John Godfrey, U. S. Marine Hospital Service. Dr. Godfrey said that as to the proper method of conducting a quarantine, the objects to be attained may be said to be twofold: first, to kill the cause of the disease, or, failing in that, to exclude everything that brings it, both animate and inanimate. If we know the cause of the disease, eradicate it; if we do not know it, as in yellow fever, exclude everything that is likely to bring it. A system of quarantine that can prevent epidemics without stopping the wheels of maritime commerce is an ideal quarantine, and has not yet come. In dealing with the question, we must consider the life of one single individual of more value than all the wealth of all the commerce in the world.

As to the proper kind of a quarantine station to establish, Dr. Godfrey said his ideas might be considered somewhat radical. Each quarantine station should be equipped with a laboratory, and the chief officer should be competent to work that laboratory. He should be a skilled scientist and bacteriologist. Why should a health officer be sent to take charge of some great entreport, in this or any other country, with recommendations that begin and end in a political "pull." A man occupying such a position shonld be dependent upon no political power, and his tenure of office should be governed only by his competency and the faithful discharge of his duties.

THE PAN-AMERICAN MEDICAL CONGRESS AND ITS INFLUENCE ON SANITATION AND QUARANTINE: Dr. Wm, Pepper, of the University of Pennsylvania, made a few remarks on this subject. He stated that the Pan-American Medical Congress was in affiliation with the American Medical Association, from which it gets its authority and existance. There is a Section on General Hygiene, and also Marine Hygiene and Quarantine, so that these questions will come up in the most formal way for discussion in that body. We have the question of quarantine with us to stay and it must be settled. Dr. Pepper, who is the President of the Pan-American Medical Congress, called upon the members of the N. Y. County Medical Association to give their united support to the Congress, and send their best equipped men to take part in the important discussions which would there take place.

Dr. G. M. Sternberg, U. S. Army, continued the discussion of the question of quarantine. He said that the country establishing a quarantine against an epidemic should nave an agent at the port where the suspected vessels leave, and report to his government the character of the vessel, her condition, etc. The surgeon of the ship should not be in the employ of the steamship company, and not be responsible to it for his actions. Sanitation should be practised on ship board. Then, upon the arrival of the vessel, if there has been no sickness, there need be little or no detention. If sickness has occurred on board, the passengers should at once be removed to a proper place, and everything thoroughly disinfected. The ship's passengers should be separated into small groups, and detained not longer than five days after the last case is reported. He believes in a quarantine of inspection, observation, disinfection and isolation. He has long been an advocate of a national quarantine system, so that the health of the entire country should not be placed at the mercy of one state. A small port in one of the Southern states might admit fever that would sweep over the entire country. The national quarantine should be made at the nation's expense. The people who are protected should pay the cost of protection, and not the ship-owners.

Dr. A. L. Gihon, U. S. Nave, then closed the discursion. He said he did not like the name "quarantine," which carries with it the savor of the old barberism, when ships were held forty (quaranta) days. He urged the N. Y. County Medical Association to send a large delegation to the American Public Health Association which meets in the City of Mexico next month.

The following gentlemen were elected to membership:

Joshua C. Boullee, M. D., 186 Hudson Street; Eden V. Delphy, M. D. 339 West 59th Street; Cyrus Edson, M. D., 54 West 9th Street; George D. Farwell, M. D., 108 East 28th Street; Charles W. Gardiner, M. D., N. Y. C. Asylum, B. I.; Philip Goldstein, M. D., 107 Goerck Street; John D. Gorman, M. D., 263 West 11th Street; James G. Harper, M. D., 139 Second Ave; Franklin Pierce Hoover, M. D., 160 West 34th Street; Charles Taylor Jewett, M. D., 162 West 22nd Street; Christopher F. Korner, M. D., 113 Seventh Street; George Lindenmeyr, M. D., 329 East 17th Street; Colin McDougall, M. D., 104 West 40th Street; William H. McIntyre, M. D., 467 Hudson Street; John J. McPhee, M. D., 73 Manhattan Street; Thomas D. Merrigan, M. D., W. 167th St. and Kingsbridge Road; Frederick Peterson, M. D., 201 West 54th Street; Harry R. Purdy, M. D., 151 East 29th Street; Dennis L. Shea, M. D., 116 Waverly Place; Charles Wadhams Stevens, M. D., 33 West 33rd Street; Henry Smith Williams, M. D., Randall's Isl. Hospital; P. J. Hamilton Williams, M. D., 235 West 16th Street.

THE NORTHERN DISPENSARY OF NEW YORK IN THE SIXTY-SIXTH YEAR OF ITS FOUNDATION.

BY DR. A. M. FERNANDEZ DE YBARRA.

If we are to judge by a comparison of the two annual reports of this old institution, and by what its Board of Trustees publicly acknowledge, the Northern Dispensary of New York City, I am very sorry to say, has exhausted its usefulness. But what is it to you? some one may ask. My desire to bring to the attention of the profession an original and effective method of dealing with the well known *dispensary evil*, would be my answer.

Let us in the first place quote a paragraph from the last published report of the trustees of the institution in question, and afterwards give some statistical figures as "hard facts" to show the decadency of that once active and vigorous charitable anchorage of the Ninth ward of the metropolis.

"It is a source of regret," say the Board of Trustees, "that the applications for duty on the medical staff are decreasing from year to year. The efficiency of the Dispensary necessarily depends upon the medical staff. These physicians are largely selected from among the younger members of the profession, and it is hoped that such methods will be adopted in the immediate future as will make this field of labor and usefulness attractive to them and result in strengthening the Dispensary."

Now to the figures.

The first thing that pinches with the hunger of curiosity relates to the prescription department. In 1890 there were dispensed 23,028 recipes, which produced a total income of $2,060.45, while in 1891 with 25,469 prescriptions put up, there was only a cash receipt of $2,014.75; that is, having dispensed 2,441 more prescriptions in 1891, the cash received in the treasury was $45.70 less than in 1890.

The second matter for consideration is the diminution in the cash received from donations and annual subscribers. In 1890 the donations amounted to $205, while in 1891 they only were $155; the sum contributed by annual subscribers in 1890 was $695, yet it alone reached $640 in 1891.

Let us look at the other face of the coin—the disbursements—by way of an *argumentum ad crumenam*. In 1890 the cash paid for medicines and stores amounted to $652.48, and in 1891 for the same purpose $772.90 were spent. For printing and stationery, $229.24 in 1890 and $235.55 in 1891. For incidentals, $129.93 in 1890 and $161.60 in 1891. For fuel, $96.50 in 1890 and $95 in 1891. For repairs, $241.68 in 1890 and 999.10 in 1891. For salaries, $4,301.64 in 1890 and $4,424.17 in 1891. These items make a total disbursement of $1.036.85 more in 1891 than in 1890.

The only thing that at first glance appears favorable to the Dispensary in 1891 is the total number of patients treated, which were as follows: In 1890, all told, that is to say, in the institution itself, 11,189, and outside of it by the two visiting physicians, 3,014,

the total was 14,203, while 15,549 persons received treatment in 1891, which would show an apparent increase of 1,346; but it is not so in reality, for 3,619 were treated in their homes, as against 3,014 in 1890. Besides, it is a publicly known fact that the tenement population of the districts covered by the boundaries of the Northern Dispensary has *enormously increased* during the last two years, a truth recognized by the Board of Trustees in these words of their annual report: "The necessity for continual effort and for continued liberality on the part of the charitably disposed, remains, for the population of the vicinage is so changing, the numbers of people living on any given area are so increasing, the constant change in many parts of our district from houses inhabited by single families to large flats where many live, all are throwing upon us an increase of work that we cannot and should not wish to slight."

The Northern Dispensary, though possessing an isolated building of three stories and basement of its own, has only two *very small rooms* in which to examine and treat the patients who flock there for relief. This is the unvarnished tale that probably three-fourths of the persons who monetarily contribute to the support of the institution, never before heard anything about.

Now for the conclusions reached, and the remedy to be applied to the dispensary evil.

Before proceeding any further, I should state that I bear no ill-feeling towards an institution in which I have faithfully, conscientiously, and gratuitously served for nearly four years, and my object in showing its decrepitude, or bad management, is to use it alone as a weapon against the abuse of medical charity in general.

These institutions publish every year a *doctored* report for circulation, principally among the charitably—disposed, and nobody takes the pains to study that report with the patient skill of a consummate anatomist, using the pen instead of a scalpel. Here lies the remedy of the evil: dissect, then, and expose to view.

A clique in the majority of these institutions is the true Board of Managers, and of the clique itself there is possibly a sort of foreman, who is the leading spirit of it, clever enough to play the red-tapist with those having the power to vote at elections, and the dictator with the subordinates.

There are also in most of them some other beneficiaries besides the needy poor, true parasites that suck the life-blood of the institution, or use the dispensary for their own individual advantage.

The way to effectually deal with the dispensary evil, therefore, is in my opinion to diminish their number by showing their mismanagement. Dissect, then, and fearlessly expose the carcass to view. 140 W. 10th St.,

ECTOPIC GESTATION.

BY AUGUSTIN H. GOELET, M.D.
NEW YORK.

(Continued from last week.)

Regarding the method of application and the current to be employed, opinions differ widely. Both the faradic and galvanic currents have been used with apparently equal success, and in one instance the static current is reported to have caused the death of the fœtus. The galvanic current has been used constant by some and interrupted by others. The present state of uncertainty of the subject is to be deplored, and it is to be hoped that more direct experimentation will be instituted to decide something definite in the near future.

The effort of Franklin H. Martin to determine the relative fœticidal value of the galvanic and faradic currents, is commendable, and the results of his experiments are worthy of mention. He says: "The experiments were conducted by employing incubating hens' eggs. A given number of fresh eggs all obtained from as nearly the same source as possible, were placed in an incubator, and placed under the charge of an expert chicken breeder. These eggs were divided previously into four divisions, and properly marked. At the end of one week after the eggs were set, two portions were acted upon by electricity; one portion by a very strong (as strong as could be tolerated by an unanaesthetized patient) faradic current, passing for five minutes; the other portion by a 20 milliampere galvanic current also passing for five minutes. The galvanic current was applied by means of a graded rheostat in such a manner as to produce no break in the flow. At the end of two weeks of the incubation the other two portions of eggs were treated by electricity in the same manner, with the exception that the faradic current was made much stronger (such as would be tolerated only by an anaesthetized patient,) and the galvanic current increased to 50 milliamperes. When the eggs had passed the allotted time for hatching, about eighty per cent. of the first lot acted upon by the faradic current hatched, while not one of those treated by the galvanic current hatched. Of the second lot, about sixty per cent. remained undestroyed of those acted upon by the faradic current, while not one of the chicks treated by galvanism succeeded in piercing its shell."

These experiments prove conclusively the greater destructive power of the galvanic current upon hen's eggs; but it does not go to prove that the faradic current will exert no such power upon the human embryo, though it may have failed in the other instance. The condition and surrounding of the fœtus within its sac renders it very much more susceptible, and the penetration of the faradic current is facilitated to a degree not possible through the increased resistance of the covering which protects the chick.* It is doubtful if the faradic current penetrated to the interior of the egg and there is no way of determining this point. Then, too, there is no muscular structure surrounding the chick to be thrown into violent contraction, as is the case with the human embryo; therefore, the conditions are not analogous. The fœtal envelope offers little resistance to the penetration of the current—at least, when one pole is applied directly against it in the vagina. The faradic current it must be remembered, has high voltage but very small volume, and in order to destroy life a certain volume of current is necessary. The doubt as to the destructive power of the faradic current arises from the fact that there is no way of measuring the volume of the current employed. We know that the galvanic current is capable of producing chemical changes to the extent of disintegration, and we can estimate its volume; hence, we can be more confident of its effect. Naturally, then, we would expect more result from its use in this connection. But clinical evidence goes to show that the faradic current has been equally as destructive to fœtal life as the galvanic current, which may be accounted for by the fact that the diminished resistance encountered at one pole allowed its destructive power to be manifested. To make it more certain, it would be necessary to still further diminish the resistance, which could readily be done by placing both poles within the body on a moist mucous surface, and by using bare metallic, unprotected electrodes, one in the vagina and the other in the rectum passed up beyond the mast so it will be included between them. Then the current of greater volume, from the short coarse wire coil could be employed with advantage, and will probably be more certainly effective. This is a point well worthy of serious consideration. The current from the short, coarse wire secondary coil should have more destructive power than that from the long fine wire, or from any ordinary faradic apparatus, because the impulse is greater; but bear in mind the fact that it will be necessary to reduce the resistance to penetration at the contact of the poles by placing both on a moist mucous surface, as suggested above, in order to obtain sufficient effect. The primary current would probably be still more effective.

The usual method of employing the faradic current in ectopic gestation is to place one pole of an ordinary faradic battery against the mass in the vagina and the other on the abdomen, using the current as strong as can be conveniently endured by the patient for five minutes, and repeating the application every day for a week or until the tumor shows a marked diminution in size. One or at most two applications made after the plan suggested above would be sufficient if this current possesses any fœticidal power.

The electrical treatment of extra-uterine pregnancy should be looked upon in the light of an operation never to be performed at the office, but always at the bedside of the patient; and she is to be restrained in the recumbent position during the interval between the applications, and for several days following the last one. An anæsthetic is not usually required; indeed it is best for the patient to retain consciousness, that her sensations may serve as a guide to the strength of the application being employed and the possible effect it is producing. Objection has been made to the use of the faradic current that it would be liable to produce rupture of the sac: especially that of a tubal gestation, because of the powerful contractions which it induces, and although no such accident has been reported, there is infinitely more liability of such an accident with the faradic than with the continuous galvanic current. For this reason, probably, the majority favor the latter current. It is certainly safer and has been shown to be more effectual.

The writer endorses the galvanic current for the reasons stated above, and experience leads him to believe that it should be interrupted, since in this way it can be made more certain. Those who fear that rupture of the sac might occur from this method of application could first employ the galvanic current without interruptions, which has been shown by Martin's experiments, as well as by numerous reported cases, to be reliable. Placing the negative pole (a metallic ball covered with

*The experimenter carefully scraped away the lime of the shell, leaving only the membrane with which it is lined.

absorbent cotton and moistened) against the mass in the vagina, the other pole is applied by means of a clay electrode to the abdomen, if the location of the mass is such that it will be included directly between the two poles; otherwise the external electrode should be placed over the upper part of the sacrum. The current should be gradually turned on through a rheostat until a strength of 50 milliamperes is reached which should be continued for eight or ten minutes. The application should be repeated every second day for at least three or four times. In the absence of any objection its continuance will promote absorption, but the positive pole may be substituted in the vagina, and a stronger current may be employed with advantage.

The negative pole has generally been used as the active pole in these cases, probably because it is looked upon as the more irritating but the positive would be equally destructive to the life of the fœtus and would produce more rapid shrinkage. I believe the positive pole should be employed in the vagina from the start. It would produce shrinkage of the fœtal envelopes by stimulating exosmosis and favor coagulation of the fluid within the sac which contains albumen.* The carbon ball clay-covered electrode should be used with this pole, in place of the metallic cotton-covered ball, which should be used only with the negative pole. If morphia exerts a deleterious effect upon the fœtus, it can be made to penetrate by placing it in solution upon the positive pole in the vagina, which would be a much safer and less objectionable method than by injection into the sac.

Should this method of application prove ineffectual, the current must be interrupted, and I regard this the most certain plan of dealing with these cases; an opinion which is abundantly substantiated by clinical evidence. The application should be made in the following manner, viz.: a metallic ball electrode, covered with moistened absorbent cotton, is introduced into the vagina against the mass and connected with the negative pole. (The negative pole is to be preferred in this instance, because the shock of the interruption is greater at this pole). The positive pole is connected with a clay or cotton-covered electrode the size of the hand placed on the abdomen or lower spine. A current of 25 milliamperes is turned on at the first application, and it is interrupted six or eight times. The fears of the patient must be quieted so she will not be alarmed by these shocks, which may be somewhat disagreeable. She must be kept quiet in bed, and two days later a second application is made, increasing the strength of the current to 40 milliamperes. Three or four days later a third application is made, if nothing contra-indicates, in the same manner as the first, the current being increased to 50 milliamperes. The patient should remain in bed for at least one week afterwards, and subsequently the current should be employed in the ordinary manner to promote absorption.

By introducing one pole in the rectum beyond and behind the tumor and the other in the vagina, an interrupted current of 20 milliamperes would be sufficient and would produce less general shock than the other method just described. No injurious action would be produced upon either surface by this strength of current, even with bare metallic ball electrodes for the short time necessary. It stands to reason that the more directly the current is brought into relation with the gestation sack the less the diffusion, and consequently the action will be more pronounced. Since it has been shown that 20 milliamperes passed continuously through an incubating hen's egg for five minutes is sufficient to arrest its developments and destroy its life, the same would undoubtedly be true of the human ovum if the same degree of concentration of the current can be obtained. If one pole is introduced into the rectum and the other into the vagina, including the tumor directly between them, this can be accomplished, and a continuous (galvanic) current used for five minutes would suffice, and would be perfectly safe. The electrodes may be protected by a covering of absorbent cotton when the continuous current is used

These suggestions are offered to overcome the objections to the use of electricity in ectopic gestation, on the score of its application being dangerous, which objection should not hold in the face of accumulated evidence to the contrary. It is hoped that by reducing the possible danger of its application this agent will be looked upon with more general favor by operators, and that it will lead to its more universal adoption.

351 West 52d St., New York.

*Experiments made by the writer have demonstrated that the albumen within an egg is coagulated in the vicinity of the positive pole by 75 milliamperes used for ten minutes. Clay-covered electrodes were used for both poles, and that connected with the negative became very soft and wet from the exosmosis through the membrane inclosing the egg stimulated by the current. The shell was removed, leaving only the membrane lining it between the electrode and the albumen.

EXTIRPATION OF THE SUPERIOR MAXILLA AND THE CEEHK.

SKIN-GRAFTING FOLLOWED BY A PLASTIC OPERATION FOR THE FORMATION OF A NEW CHEEK.*

By FRANK HARTLEY, M. D.

CASE 1.—Mr. Mc——, aged sixty-six years, United States, farmer, married. Has been under my care since January 20, 1891, at which time he was admitted to Bellevue Hospital. His family history is negative so far as tumors and congenital defects are concerned. In 1879 he first noticed what appeared to be a wart upon his left cheek below the infra-orbital margin. This gradually increased in size in spite of active treatment by many physicians, all of whom made use of caustics to the growth. It had been almost continuously treated until January 20, 1891, when he presented himself at Bellevue Hospital with an ulceration involving the greater portion of the left cheek and superior maxilla.

January 26th, 1891.—A complete extirpation of the growth was attempted. It required a complete removal of the superior maxilla and of the cheek over an area marked by the lateral border of the nose, the infra-orbital margin, the posterior border of the ramus of the inferior maxilla, and the lower border of the body of the maxilla as far as the angle of the mouth.

Skin-grafts taken from the thigh were used to cover the surface over the ramus of the inferior maxilla as far as its anterior border, and the adjoining portion of the zygomatic fossa exposed by removal of the superior maxilla. The body of the inferior maxilla, as far as the angle of the mouth, was also grafted. The recovery from this operation and the healing and union of the grafts were uneventful. The grafts took over the whole area, excepting a small area just beneath the orbital cavity. The patient remained at Bellevue Hospital two months and a half. He was then, April 6th, 1892, discharged with the injunction to return for a plastic operation in a year if no return of the disease occurred. On May 11th, 1892, the patient entered my service in the New York Cancer Hospital for the purpose of having the large cavity in the face closed

May 15th, 1892.—The cavity left by the former operation was circumscribed by two incisions three eighths of an inch apart, running from the angle of the mouth along the lateral border of the nose, the infra-orbital margin, the anterior border of the ramus of the jaw, and the alveolar border to the angle of the mouth. The skin between the incisions was removed to give a broad attachment to the flap which was to cover the defect. This flap was taken from the neck and, in order to attain a sufficiency, the incisions were carried nearly to the acromion process. The flap measured six by eight inches before being cut loose from the underlying tissue, and when turned upon itself, so as to have the skin take the place of the mucous membrane of the oral cavity, and to leave the raw surface external, it was just sufficient to cover the defect in the cheek without tension. The suturing of this flap was accomplished by uniting the edge of the skin which now took the place of the mucous membrane of the oral cavity to the inner edge of the furrow surrounding the original cavity, and made by the removal of a strip of tissue three eighths of an inch wide. After this was accomplished and the cavity of the mouth was closed, the outer margin of the furrow was united with the upper surface of the flap, so as to give a broad surface for union of the flap to the cheek.

The suturing was all done with catgut, excepting a few silk tension sutures. Skin-grafting was made use of to cover the surface exposed by the flap. The solution used throughout the operation was six parts of chloride of sodium in one thousand of filtered and boiled water. The union of the flap to the surrounding tissue as well as the skin-grafting was completely successful.

5th.—The flap was divided at its base and sutured to the margin of the cheek in the same manner as the rest of the flap. The pedicle was removed completely and the surface left was skin-grafted. Skin-grafting was also made use of to cover the granulating upper surface of the flap.

7th.—The grafts over the upper surface of the flap failed, owing to its poor vascularity after division of the pedicle. Those over the point where the pedicle had been attached remain healthy.

20th.—Superior surface of the flap is granulating nicely and cicatrization is advancing rapidly. Grafts over the spot where the pedicle was attached are solidly united.

This case is of interest because of the extensive removal of tissue, the successful skin-graftings over bone, and the successful plastic operation for the formation of the whole cheek.—*N. Y. Med. Jour.*

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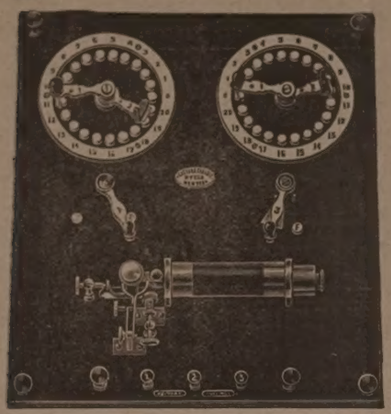

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OBITUARY.

Died on Sunday, Oct. 9, Edward Delafield Allin only child of Annie E. and the late Dr. Charles M. Allin at his late home, 22 West, 36 Street, N. Y.

Died suddenly at Plainfield, N. J., Oct. 10, in the 73 year of her age, Caroline M., widow of Dr. Charles Henschel.

Died at Middletown, N. Y., Oct. 10, Dr. C. E. Griswold. He was a prominent member of Royal Arcanum and Common Wealth Lodge F. and A.M., Nassau Lodge, I. O. O. F. and the Aurora Grata Lodge A.A., Scottish Rite.

MARRIAGES.

At Atlanta, Ga., Oct. 12th inst., Miss Mary Turner, daughter of Dr. J. D. Turner, to Mr. Jas Fairrie of Savannah, Ga.

Married on the 12th inst., at the Church of Our Saviour, at Longwood, near Boston, by the Rev. R. H. Howe, Dr. Augustus Thorndike to Alice, daughter of Dr. Robert Amory, of Boston.

Married on the 10th inst., by Rev. Melville Boyd, Miss Rosalia Le Vie and John W. Metcalf, M. D, all of Brooklyn, N. Y.

PERSONALS.

Dr. Bransford Lewis, editor of *The Medical Fortnightly,* has undertaken the work of issuing a medical directory of the State of Missouri.

Dr. Hunter McGuire has returned from his trip of two month's in Europe, much refreshed and looking well. Although he sought no recognition abroad as President of the American Medical Association, he was everywhere cordially welcomed by the profession in the several countries he visited.

Dr. D. Noel Paton, Lecturer on Physiology in the Edinburgh School of Medicine, and formerly Examiner in Physiology in the University of Edinburgh, has been appointed Examiner in Physiology for Degrees in Medicine in the University of Glasgow.

Dr. R. B. Morison, of Johns Hopkins Hospital, who was ill with typhoid fever at Narragansett Pier several months, has returned to his home fully recovered.

THE American Association of Obstetricians and Gynecologists elected the following officers at its recent meeting held in St. Louis: President, L. S. McMurtry, Louisville; First Vice-President, Edward J. Ill, Newark, N. J.; Second Vice-President, H. W. Longyear, Detroit, Secretary, W. W. Potter, Buffalo, N. Y.; Treasurer, X. O. Werder, Pittsburg, Pa. The next annual meeting of the association will probably be held in Detroit, Mich., although Baltimore is a strong claimant for the location.

THE AMERICAN ORTHOPÆDIC ASSOCIATION.—At the recent meeting the following officers were elected for the ensuing year: President, Dr. A. J. Steele, of St Louis; Vice-Presidents, Dr. Samuel Ketch, of New York, and Dr. Arthur J. Gillette, of St. Paul; Treasurer, Dr. A. B. Judson, of New York; Secretary, Dr. John Ridlon, of Chicago.

THE Hartford County, Connecticut Medical, Association held its hundredth annual meeting on Monday, September 26th, under the presidency of Dr. William A. M. Wainwright, of Hartford.

Dr. S. Weir Mitchell, in his recent novel, Characteristics, makes the following remarks on the question of women physicians: "I did not believe it was best, either for the sick or for society, for women to be doctors; that, personally, women lose something of the natural charm of their sex in giving themselves either to this or to the other avocations until now in sole possession of man." Women doctors "fail to realize what they have lost. The man who is sensitive to womanly ways sees it. It is worse than nursing the sick, for even nursing makes some women hard."

THE International Dermatological Congress which brought its proceedings at Vienna to a close on September 10th, has decided to hold its next congress in London in 1895, when Mr. Hutchinson is to act as president. The members of the congress went in the evening to Pesth, where they were splendidly received. Their inspection of hospitals and scientific institutions of that capital will alternate with various festivities, the visit occupying altogether three days.

THE Government of Bosnia has passed a law to the effect that "in the interest of the female population," a duly-qualified medical woman is to be assigned to each *Kreistadt* or capital town of a district. This functionary, who is to have the official style and title of *Wundarztin* (*Wundarzt*, or "wound doctor," is the title in Austria of a lower grade practitioner, below the professional rank of a Doctor of Medicine) will be paid a yearly salary of 1,000 gulden by the State, and will further be provided with a house rent free or with an additional allowance of from 200 to 500 gulden a year for lodgings. In towns the population of which exceeds a certain limit, an additional grant will be made from the public funds.

PURITY AND EXCELLENCE.

We have had the pleasure of inspecting the products of the Crown Perfumery Co., London and New York, and it affords us unusual pleasure to testify to their general excellence. Their Crab Apple Blossom Perfume cannot be excelled in delicacy and permanency of odor while their Crown Lavender Salts possess an exhilarating and agreeable pungency that is always grateful and refreshing in the sick room. Both these articles are extensively prescribed and endorsed by European Physicians and will, no doubt soon find favor amongst the profession on this side the ocean.

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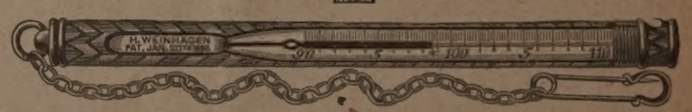

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BALTIMORE, MD., 8, November 1887. Very respectfully, ORRAY T. SHERMAN.

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A NATIONAL QUARANTINE.

At the meeting of the New York County Medical Association on Monday evening, the advantages and disadvantages of a quarantine system were fully discussed. All the speakers were unanimous in the opinion that a quarantine was necessary; that it would be impracticable in this country, with our vast area and thousands of miles of seacoast, to endeavor to substitute for it an ideal system of sanitation, such as is carried on in Great Britain at an enormous expense.

Dr. Sternberg, of the U. S. Army, made some interesting remarks in advocacy of a national quarantine, which are well worthy of attention. He said that in time of a threatened epidemic, the health of the entire country should not be left in the hands of the authorities of one State. All ports should be properly guarded by a national quarantine, and the expense of the same should be borne not by the ship owners or the people of one single State, but by the people of the entire country.

The following notice, which appeared in the shipping news of one of the daily papers this week, shows that the old barbarous system of quarantine is by no means extinct in certain countries:

"Steamer Alene, on arriving off the ports of Colombia, S. A., September 27, found the ports closed by order of the government, as a quarantine against cholera, and not having been allowed even to anchor off those ports, but was ordered off to sea, no cargo could be landed, hence, 5,189 packages of mdse. and 42 bags of mail matter were brought back to New York."

ONE of the features of the Chicago World's Fair will be a collective exhibition of German health resorts and watering places.

DR. TALBOT, in an article in *Dental Cosmos*, states that by the new processes made possible by mechanical as well as scientific discoveries, all coarseness has been removed from food, and that the art of mastication, which is now at a very low ebb, will soon become entirely extinct. Dr. Talbot has evidently never taken his meals at a New York boarding-house.

THE CHOLERA IN EUROPE. According to the official figures there have been 17,962 cases of cholera and 7,598 deaths since the outbreak of the disease in Hamburg. Dr. Brouardel reports that the outbreak of cholera in Marseilles resulted from the pollution of drinking water with sewage. Measures have been taken to remedy this defect. Nine suspicious deaths were reported in Marseilles on Sunday. The total number of deaths from cholera in France since April is 3,184.

IT IS A NOTEWORTHY FACT that not a single case of small pox occurred during the year 1890 in the British Army. If this be not evidence of the protection afforded by re-vaccination against a malady once so common — and still disastrously fatal in armies where this precaution is not vigorously enforced—then logic and reason are mere accomplishments.

DEPURATIVE AGENTS.

Great attention is now being given by the medical profession to the study of antiseptics, both for internal and external use

The rapid march of surgery during the last decade is largely due to the knowledge acquired by the exhaustive study of these agents as applied to the practice of this branch of medical practice.

The application of antiseptic treatment for internal medication, however, presents more difficulty, as most substances known and used as antiseptics are toxic and dangerous when used internally in sufficient quantity and for a sufficient time to accomplish the desired object.

It is doubtless a fact that many of the ailments with which humanity is afflicted, are produced by the absorption of products of katabolic change, poisoning living secretions and tissues, depraving the functions of vital organs, and impeding or aborting those necessary changes depended upon to build up healthy tissues. Other causes are also at work to an extent not well known, viz. the direct introduction of diseases of specific character, through micro-organisms, and the absorption of the products of their decay.

Hence, one of the most important subjects that can occupy the attention of the profession is the investigation of the character, cause, and remedy for these conditions.

In a previous paper, the writer has endeavored to show, that one very important source of morbid change is deficient oxidation of the blood and consequently of the tissues, from the lack of the element upon which oxidation depends, viz. oxidizable phosphorus [Writer's ninth Edition, "Intra-Organic Oxidation a necessity to the Tissues," Jan. 892.

The line of treatment indicated for this depraved state of the system may be devided into two, or possibly three, parts:

First,—The rebuilding of the tissues by supplying the necessary but deficient element [oxidizable phosphorus,] by the use of the particular hypophosphite, best suited to the patient's condition, ascertained by a careful study of the conflicting and antagonizing effects of the different bases, [lime, soda, iron, potassium, maganese, etc.]

Second.—The immediate relief of the over-burdened organism by opening all the channels of excretion, that the body may be speedily relieved from septic and poisonous products to the extent possible by these means, and

Third,—The use of such antiseptics and germicides as will most thoroughly and with the least shock to the system, effectually neturalize or destroy the septic cause.

It is upon the last subject that the writer wishes particularly to speak in this connection.

Iodine has long been known as an effectual antiseptic, no micro-organisms can find lodgement, or exist in its presence, fermentive action never occurs in its preparations, aqueous solutions of iodine keep indefinately, syrups containing it never ferment; But these cannot be used internally in sufficient quantity to produce complete, or even partial depurative and germicidal effects, owing to the irritant and caustic action of free iodine.

But in the combination, iodide of hydrogen, [hydriodic acid] while the iodine retains all its antiseptic and germicidal qualities, it has entirely lost its irritant and caustic properties, and is easily, even pleasantly, borne by infants and delicate females, and by its use the system may be saturated up the point of iodism, with no inconvenience to the patient.

Its promptness of action and assimilation is so great, that iodine may be detected in the urine in ten minutes after its administration upon an empty stomach. Passing at once into the circulation, it is carried to all parts of the body, and exercises its powerful influence as a depurative and germicide.

It is probable that the value of Syrup of Hydriodic acid, for the particular indications herein suggested, is not sufficiently appreciated by physicians, and their attention is earnestly called to this new view of its usefulness.

As an illustration of the antiseptic power of Syrup of Hydriodic Acid, Dr. W. H. Bentley, Woodstock, Ky., cites "Thirty-one cases of small-pox, treated in the suppurative and subsequent stages up to complete desquamation, with the happiest result in all cases with Syrup Hydriodic Acid. None of the cases lingered or made tardy recoveries. All got well." *Med. Summary*, Jnne, 1891. I have also the history of a case in which a terribly septic state, brought about by failure on the part of a midwife to deliver the second child in a case of twins, and the final extraction of the fœtus in a decomposed condition, was given no other internal antiseptic treatment than Syrup Hydriodic Acid and made a good recovery.

For these reasons I have been led to the belief that cases of scarlet fever diphtheria, typhoid fever, and many other conditions of a similar character, would progrsss with much more rapidity, and much less suffering to the patient, if this remedy was included in the treatment.

The writer is of the opinion, however, that Syrup of Hydriodic Acid should be given by itself and not in combination, and also when the stomach is empty, that it may be absorbed without the change caused by contact with food products. This is a frequent cause of failure in its use,

That it will prove of vast benefit in combating septic infection from whatever cause I am convinced.

Any literature desired by the medical profession bearing upon the use of the writer's products will be cheerfully mailed, free of charge, by addressing the undersigned.

He cannot close this communication without cautioning the profession to specify Gardner's in prescribing, as otherwise some of the many articles sold under the same name may be substituted and the writer held responsible for their effects, which is a manifest injustice not only to the writer, but to the physicians and patient as well.

It is assuredly not only the right, but the duty of the physician, to insist that the patient shall procure no other than the particular remedy he has prescribed, as otherwise he cannot be held responsible for the proper treatment of the case, his views not having been carried out, and a fraud perpetrated against the prescriber and patient alike. Druggists who substitute other preparations, selected in preference because of their lower price, for the particular article specified by the physician, are unworthy of patronage, either by the physician or patient, and the prescriber is justified in forbiding his patients to patronize them.

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NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

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THE USE AND ABUSE OF ELECTRICITY IN MEDICINE.*

BY A. D. ROCKWELL, A.M., M.D., OF N. Y.

Formerly Professor of Electro Therapeutics in the New York Post-Graduate Medical School and Hospital, etc.

Anything that is used, can be abused. What we eat and drink and the air we breathe, are common and ever present examples of the folly and ignorance of man in the use of the good things of life, and in every direction the tendency is to abuse rather than to rightly use the gifts of nature. Activity without insight is the law that governs, and the result is that the evolution of correct principles becomes handicapped in unnumbered ways. Now while this applies to many departments of our art, as well as to other fields of investigation, it applies with especial force to the study and practice of electricity in medicine. Devolution or destruction accompanies and is a part of the general process of evolution, and it is a significant fact that this reverse process of devolution which should by this time have exhausted its ill directed energy, is more active than at any previous time in degrading a field of research as fascinating and important as any in the whole range of medicine.

Now this clog or hindrance to the right appreciation and the right use of electricity does not eminate so much from self-confessed charlatans. With the advance of a better knowledge of the subject, the emoluments of their trade have been so curtailed, that with the advertising oculists and throat doctors of a quarter of a century ago, they form an insignificant and almost unrecognized factor in the line of this special work.

Neither do I allude to those members of the profession who, making no use of electricity themselves, honestly believe it to be of little practical value and discountenance its employment.

My remarks are suggested in remembrance of a far larger body-members of the regular profession who freely use electricity, and of a still larger number of the laity who either with or without advice make use of this agent as commonly and as confidently as they take their morning bath or daily friction.

I would here make one emphatic disclaimer, for when one advocates certain restrictions in the use of measures in which he himself is specially interested, he lays himself open to the charge of being a special pleader actuated by unworthy motives. I am far from believing that only those can use electricity with satisfaction to themselves or benefit their patients who have devoted years to its study and to the practical details of its application. I am sure that no physician is thoroughly equipped, who has not in his possession and always in perfect order, some form of electrical apparatus.

While engaged in the preparation of this paper I read in the daily press of a fatal case of opium poisoning. Four physicians gather at the house and recognize that the only hope of saving the patient, is the prompt and persistent application of electricity. Eager and prolonged search finally results in unearthing at a neighboring druggist's an old apparatus, which on trial proves inefficient, and the patient dies.

Possibly a life might have been saved had the proper appliance been at hand with a knowledge of the necessary simple details of its application in such cases, for we all know that by the use of this powerful agent, artificial respiration can be continued for hours, until the paralyzing effects of the poison wear away.

Neither do I believe that in every case and on all occasions it is necessary that all applications be made by the physician, although I am confident that every medical man who has had experience in this direction will agree that such self treatment is usually unscientific and unsatisfactory and in many cases utterly impracticable.

The temptation on the part of the people to use electricity themselves, and on the part of the profession to allow them to do so, is very strong. The majority of physicians know little more of electro-therapeutics than their patients. Forgetting that it is not so much electricity that cures disease as the method of its employment, forgetting that there are various kinds of electricity in common use and many different methods of application, every one of which is capable of various modification, forgetting that there are certain temperaments who do not bear electricity well, and upon whom the currents and methods employed must be studiously varied during a course of treatment, in short, forgetting that electro-therapeuticcs, considered as a science or an art is wonderfully complex and exacting, orders the patient to get a battery and try electricity. Now, to hold at this stage of its development such mean ideas of electro-therapeutic science is unworty any intelligent mind and it should be the aim of the

* Read at the 2d Annual Meeting of the American Electro Therapeutical Society, Oct. 4, 1892.

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members of this association to counteract such erroneous teachings. This is the more necessary because from its very nature electricity in its therapeutic relations is far more readily misunderstood than understood, and abused than rightly used.

Any one can buy a battery of some sort for the market is glutted with machines of the most inexpensive and worthless construction. Any one can readily learn to put it in action and apply the electrodes, and when this is done, whether by physician or patient, it is too often with the understanding that what has been done is all there is to electricity. No matter how generally well equipped for his work, every medical man acknowledges the necessity of preliminary training and an acquired experience before he can claim expertness in operative surgery, or in the various special departments of medicine, but in electro-therapeutics, not only the otherwise well educated physician but the veriest fools consider themselves competent as soon as they have mastered the mechanical details of such ordinary induction coil or galvanic apparatus as may happen to be in their possession. Such assumption is the height of injustice both to the reputation and to the scientific development of the agent, and to the patient who has been deceived. The fault of the physician lies in the use of electricity, even though he be no expert, but in the claim of a degree of knowledge and expertness that he does not possess. Precept should teach by example, and as a picture of genuine and frequent experience I have in mind two cases of infantile paralysis.

In both of these cases there existed but the slightest evidence of muscular irritability, and the previous history and course of both were almost identical. The first of these cases was subjected to prolonged applications of the galvanic current with frequent interruptions, sufficientiy strong to call forth the slight reactions that it was possible to obtain. The result was that muscular irritability became entirely extinguished, and the limbs that might under judicious methods have regained a certain power of locomotion became hopelessly paralyzed. Here then we have evidence that sudden galvanic shocks, whatever useful purpose that may sometimes serve, are often dangerous in the extreme. Their effects are in the main undue stimulation, and in their relation to nutrition, destructive, rather than reconstructive.

The continuous passage of the certain sense stimulating in its effects, combines influences that are sedative and tonic, and pre-eminently reconstructive, and is alone equal to the task of resisting progressive degenerative changes in nerve and muscles.

The second case, treated patiently by the continuous action of the current, without any frequent attempt at first at muscular contractions, pursued an entirely different course.

Very gradually the muscular contractions became stronger and stronger, the limbs warmer and larger, until finally the patient regained a considerable and permanent control over the paralyzed members. I here present to you a patient who is an excellent example, on the one hand, of misdirected energy, that activity without insight to which I have alluded, and on the other, of the benefit to be derived by a method which for the want of a better name I have termed the cumulative effects of electricity. Last November he was caught by a slowly moving engine, dragged along the ties, and sustained fractures of the clavicle, humerus and several ribs. Traumatic paralysis of the radial, median and ulnar nerve, supervened, with complete motor and partial sensory paralysis of the right forearm and hand and in a less degree, of the arm and shoulder. He was for three months treated electrically by his attending physician who used the faradic current only, having held the electrodes in his hands.

On one occasion he went away and forgot all about the patient and allowed a strong current to pass for nearly an hour. The paralysis failed to improve under such barbarous treatment, and when he fell under my observation in May last, there was such a profound atrophy and loss of muscular irritability associated with degenerative reactions, that I gave a discouraging prognosis. You observe however, the very excellent results of the method adopted. He at once began to improve and improved rapidly, and is now able to engage in manual labor with almost as much efficiency as ever. The increased efficiency of the galvanic current when it is applied for some time along the course of a nerve without interruption as was done in this case is a most interesting phenomenon. Energy is undoubtedly stored, possibly in the same sense, although not in the same demonstrable way that chemical action is stored in the ordinary storage batteries.

(To be concluded next week.)

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PERSCRIPTIONS.

PULVIS MORPHINÆ, BISMUTHI ET PEPSINI.—(Bell. Hosp.)—"Ward Powder."—

℞ Pulv. morphinæ comp., gr. xxx.
Bismuthi subnitratis,
Pepsini, aa ʒ ij.
Mix. Divide into 12 powders.

PULVIS NAPHTHALINI AROMATICUS.—Clark's Powder.—

℞ Quininæ sulphatis, gr. x.
Capsici pulv., gr. iij.
Opii pulv., gr. j.
Mix. One dose.—*Dr. Alonzo Clark.*

PULVIS TANNINI COMPOSITUS.—(Bell. Hosp.)—Conway's Special.—

℞ Zinci oxidi,
Acidi tannici aa pars j.
Lycopodii, part vj.
Mix.

Note.—In some institutions the following combinations is used: Oxide of zinc, 2 parts; tannic acid, 2 parts; boric acid, 1 part; lycopodium, 16 parts.

PULVIS ZINCI ET AMYLI.—"Dusting Powder."—

℞ Zinci oxidi, pars j.
Amyli, part iij.
Mix.

Note.—The two preceding preparations are used as dusting powders, in bed-sores, prickly heat, etc.

PULVIS IODOFORMI COMPOSITUS.—(Char. Hosp.)—

℞ Iodoformi, part j.
Zinci carbonatis, part iij.
Mix. To be applied with a blower, or by means of a dusting box, as a dressing in venereal sores, ulcers, etc.

PULVIS IODOFORMI DILUTUS.—

℞ Iodoformi, ʒ ij.
Acidi borici, ʒ iij.
Naphthalini, ʒ v.
Olei bergamii, f ʒ ij.

Triturate the naphthalin with the oil of bergamot, then mix with it the iodoform and boric acid, and triturate until a homogeneous powder is produced.

PULVIS CERII ET BISMUTHI COMPOSITUS—

℞ Cerii oxalatis, gr. iij.
Bismuthi subnitratis,
Sodii bicarbonatis, aa gr. v.
Codeinæ, gr. ¼.
Mix. One Dose.

PULVIS IODOFORMI ET TANNINI.—(Bureau O. D. P.)—Pulvis Iodoformi Inodorum.—

℞ Iodoformi, gr. clxxx.
Acidi tannici, gr. lx.

Mix. To be applied to ear, mornings and evenings, in granulations of external auditory canal.—*Dr. W. F. Mittendorf.*

THERAPEUTIC NOTES.

A WRITER in the St. Louis *Medical Review* believes oxalic acid capable of developing acute articular rheumtism, and supports his theory by the report of several cases in which the disease was induced by immersion of the hands and arms in a solution of the acid.

ARSENIC IN SYPHILIS.—Dr. H. Smith ("Lancet Clinic") has obtained excellent results in syphilis where mercury and the iodide of potash had been given in vain. The patient, a soldier, had various secondary eruptions with ulcerations of the hands and feet, periostitis of the cranium, forearm and tibia, bone pains, etc. He took potash iodide and mercury twice, without results. Arsenic was then administered, when the symptoms rapidly ameliorated, while the ulcerations and periostic indurations disappeared.

CAMPHOMINT is a combination of menthol, camphor, chloroform liniment and spices; it is the formula of F. E. Stewart, M.D., Ph.G., Demonstrator of Materia Medica and Pharmacy Jefferson Medical College, Philadelphia, Pa. It has had a thorough test in hospitals and private practice, which proves it to be one of the most valuable external remedies for the control of pain. *By Inhalation* it is specially serviceable in the treatment of earache, cold in the head and sleeplessness. An inhaler is packed with every bottle of Camphomint.

ABORTIVE TREATMENT OF BUBOES BY WELANDER'S METHOD.—This consists in injecting into the centre of the bubo, by means of a hypodermic syringe, a one per cent. solution of benzoate of mercury, and then applying compression by a bandage. This must be done before suppuration occurs. A single injection in most cases is sufficient. Of the cases ninety-one per cent. and eighty-seven per cent., respectively, have been cured by the author and by Lebrick, of Odessa.—*La Revue Medicale.*

POULTICING EAR. Dr. Albert H. Buck, of New York, in an article on aural therapeutics in the March number of the new *International Medical Magazine*, says that while heat is one of the best remedies in painful inflammations of the middle ear, and the poultice is one of the best methods of applying heat, as usually put on the poultice has little effect. What should be done, he says, is first to fill the external auditory canal with lukewarm water, the head resting on the unaffected side upon the pillow. Then a large flaxseed poultice is applied over the ear as hot as can be borne. The column of water is thus kept warm and acts as a conductor of heat between the poultice and the inflamed surface.—*N. W. Lancet.*

A SARCASTIC paragraphist has remarked that the difference between cholera and cholerine is this: Cholera breaks out only in the steerage, cholerine breaks out only in the first cabin.

DOCTOR: We clip the following from *The Times* and *Register* of Philadelphia, July 22, 1892.

"Dr. W. C. ABBOTT'S dosimetric granules have been used by several members of our staff. The granules have proved reliable in every respect; uniform, well made, and of full strength. The system is popular with patients.'—WAUGH.

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COLD-IN-THE-HEAD, EARACHE AND SLEEPLESSNESS,
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I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving preparation, ALE AND BEEF, "PEPTONIZED," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of the active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will, in my judgment, be indorsed by careful bedside clinicians.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

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THIOL.—Dr. de Sa, of Rio de Janeiro, reports excellent results from the use of thiol in varicose ulcers. Moncorvo, of the same city, has employed it in cutaneous affections of children, either pure or incorporated with glycerin, petrolatum, etc., with gratifying results.—*D. Med. Zeit.*

LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

THIOL *vs.* ICHTHYOL.—Among the new remedies introduced to the profession for the treatment of abnormal conditions of the skin, says Editor Stowell in the *National Medical Review*, ichthyol has won a first place. But it has the disadvantage of having a strong and disagreeable odor. Ichthyol is prepared by the destructive distillation of a mineral rich in sulphur, and the fossilized remains of marine animals. It contains a certain proportion of indefinite, evil-smelling organic bodies, which cannot be removed without decomposing the product. By what may be designated synthetical methods a product is obtained, free from the disadvantages of ichthyol; this is called thiol. Thiol forms a clear solution with water, especially in the presence of glycerin. Several chemical authorities have examined the two products side by side, and the conclusion is reached that thiol is even superior as regards its chemical purity; while a large number of medical authorities have testified that therapeutically it was superior to ichthyol, with the additional advantage of comparative freedom from odor. The current number of *New Remedies* gives a detailed list of affections in which thiol has proved of great value. Among these diseases we note the following: Eczematous affections, erysipelas, herpes, dermatitis, lupus, contusions, and subcutaneous hemorrhages. Thiol is "a purified form of ichthyol." It is a substitute for ichthyol. Considering its advantages, the writer predicts for it a wide use, when its true merits are fully understood by the profession. — *The American Therapist*

Write for Descriptive Pamphlets on Chloralamid, Phenocoll, Piperazine, Thiol, Lysol, Creasote, etc., to the Sole Agents for America, Lehn & Fink, 128 William Street, New York.

NEWS AND MISCELLANY.

GERSTER says: "Of all operations for the cure of hemorrhoids, that by the ligature commends itself as the simplest and safest."

THE island of Jamaica exports each year between eight and nine hundred thousand pounds of coffee, valued last year at a million three hundred and sixty thousand dollars, and the product was last year 15.7 per cent. of the total exports from the island.

THISTLES AS FOOD.—According to the London *Vegetarian Federal Union* thistles are desirable articles of human food. When boiled they are like delicate turnip tops and may be eaten like spinach on toast, with poached or fried eggs, with cream or a little olive oil.—*Annals of Hygiene.*

IT has now been definitely decided that the Eleventh International Medical Congress shall be opened on September 24th, 1893, and continue its sittings till October 1st. All communications relative to the Congress should be addressed to the Segretaria Générale del' XI. Congresso Medico Internazionale, presso la Clinica Medica, Ospedale di Pammatone, Genova.

"A DERVISH, traveling over the desert, met the Cholera, to whom he said, 'Where are you going?' The Cholera replied, 'I'm going to Bagdad to kill 20,000.' Some time afterward the same Dervish met the Cholera returning, and said, 'You vagabond, you killed 90,000., No, no, said the Cholera, 'I killed 20,000; fear killed the rest.'"—*Oriental Legend.*

THE pharmacists of Danville, Va., have made a good move in determining among themselves to keep one store open in rotation on Sunday—all others of the city being kept closed except for two hours in the morning and two hours in the evening of that day. This allows the drug clerks much needed rest, and yet amply supplies all the demands of those who may need medicines.

THE Hamburg correspondent of the *British Medical Journal* states that Dr. Rieder, assistant at the *Allgemeine Krankenhaus*, has found tannin enemata prove totally ineffective in cholera, also the case with the administration of camphor, ether, and salol by the mouth. Subcutaneous injections of salt solutions did good in some cases, but the greatest benefit was derived from intravenous infusions of salt solution.

THE NATIONAL MEDICAL EXCHANGE ELKHART, IND. LIST AND TERMS TEN CENTS. CORRESPONDENCE SOLICITED.

TO SUCH MEMBERS of the medical profession who are affected—or rather afflicted—with the *furor scribendi*, and who have run short of subjects about which to write, we would suggest a few which have not yet been thoroughly ventilated. For instance, "Surgical Diseases of the Thoracic Duct;" "The Effect of Civilization upon the Birth Rate; its Probable Causes;" "Possible Anatomical Relation between the suprarenal Capsules and the Pituitary Body," etc.

AN OBSERVER HAS FOUND BACTERIA in the interior of large hailstones which fell during the storm of April, 1890. The number of organisms observed ranged from 400 to 700 to the cubic centimeter. The majority represented only a single species—a short, thin oval bacillus. Dr. Michaelis, of Berlin, has also lately made us acquainted with another festive microscopic germ, the "cement bacillus," which is engaged in the task of ruining the good qualities of cement.

WILD AND WOOLLY MEDICAL EDUCATION.—A medical *university* is advertised as located in Cincinnati. In this same city is a "fizzelo-medical school," with a professor of "chromatic therapy" (blue glass, probably), also, a professor of "pischology." This word being repeated several times in the announcement, renders it improbable as a typographical error. Psychology, rather than anything else, was probably meant. An inspiring Chicago lecturer on children's diseases told our informant that he expected soon to be full professor of pæderastry.—*Tsmes and Register.*

200 MEDICAL PRACTICES FOR SALE. Lists and particulars mailed free. Practices and drug stores bought and sold. Assistants and Partners provided. Address "The Medical Echo" Lynn, Mass.

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Carbonate of Iron	1.100 grs.
Oxide of Iron	0.310 "
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Sulphate of Soda and Potash	0.310 "
Carbonate of Soda and Potash	0.831 "
Carbonate of Magnesia	1.330 "
	4.781 grs

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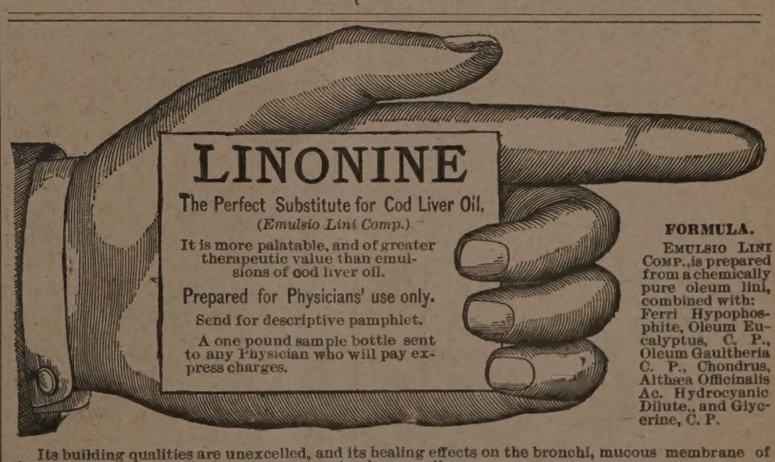
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Its building qualities are unexcelled, and its healing effects on the bronchi, mucous membrane of the air passages and of the lung tissue, are simply marvellous.

It is indicated in the treatment of Phthisis, Acute and Chronic Bronchitis, Marasmus, and all Wasting Diseases, Hæmorrhoids, Scrofula, Rickets, etc.

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PURITY IS OF FIRST IMPORTANCE IN MEDICAL PRACTICE.

Owing to the difficulty of obtaining supplies of absolute purity and uniformity, many valuable medicinal agents are reluctantly discarded by the medical practitioner. This may be said of olive oil, a time-honored remedy for infantile constipation, and for facilitating the rapid and painless passage of gallstones and urinary calculi in adults. Appreciating the importance of supplying the medical profession with an absolutely pure olive oil for medicinal use, the California Vintage Company, 21 Park Place, New York, began importing such an oil some two years ago and called it to the attention of the local profession. Their olive oil, under the name of "the **CALVICO** brand," grew so rapidly in professional favor that they soon found it necessary to increase their importations from time to time until now they are able to supply it in unlimited quantity and of uniform purity and excellence. Of course this brand of olive oil is much superior to any other in the market for table use. Every bottle bears the trade-mark **CALVICO** on its label We have used it for some time and therefore write from a personal knowledge of the superiority of the article mentioned.

Physicians may obtain the **CALVICO** brand of olive (sweet) oi through local druggists or high class grocers, or direct from the California Vintage Company, sole importers, 21 Park Place, New York City, who are also extensive dealers in pure wines, and brandies, for medical use.

It is needless to recapitulate all the various cases to which this ideal form of nutrition has been given. Suffice it to say that, in my judgment, the ALE AND BEEF, "PEPTONIZED," is all that is claimed for it, and that it furnishes mild stimulation along with nutrition in a manner to be acceptable to the most delicate stomach and agreeable to the most fastidious palate, at a time when the mouth and palate are more than weary of the various forms of slop which are presented in the average sick-room. The ALE AND BEEF, "PEPTONIZED," which is agreeable and tangible, becomes a very oasis in the "Sahara of sameness" of the lives of the weary victims of ill-health.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

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NEWS AND MISCELLANY.

The Cemeteries of London cover 2,000 acres, and the land they occupy represents a total capital of £200,000

Dr. Gardner of Washington, who has been attending Mrs. Harrison, wife of the President, is, we are informed, a Homeopath.

A German edition of the second revision of Gower's Book on the Nervous System, has just been published by Cohen, of Bonn, and an Italian translation is nearly ready.

The highest legal tribunal in Germany has decided that legal human life does not begin in the fetus until labor has set in, and that its destruction before full term is not murder.

A prominent French physician suggests "gaping" for the relief of certain throat affections — laryngitis, pharyngitis, etc. — attended with congestion or inflammation of the enstachian tubes.

Drs. Lewis A. Sayre, Brewer, Dana and other New York physicians left the city last Saturday on a special train for Cumberland Gap. Tenn., to be present at the opening of the Four Seasons Hotel at that place.

THE Homœpathic Medical Society of the State of New York met in annual session at Jaeger's Hall, 39th street and Madison avenue, this city, last week. On Wednesduy evenirg the members enjoyed a banquet at Sherry's.

THE corner-stone of the new building for the use of the New York Pasteur Institute, 97th street and Central Park, west, was laid by Mayor Grant on Tuesday, Oct. 4, 1892. The Institute is to be under the direction of Dr. Paul Gibier.

The American Gynecological Society elected the following officers for the ensuing year:

President, Theophilus Parvin, of Philadelphia; *Vice-Presidents*, Wm. H. Parish, of Philadelphia, and Wm. H. Baker, of Boston; *Secretary*, H. C. Coe, of New York; *Treasurer*, M. D. Mann, of Buffalo; *Council*, B. B Brown, A. P. Dudley, E. C. Dudley, Willis Ford; *Honorary Members*, Robert A. Battey, of Rome. Ga.; and Professor Morisani, of Naples.

The next meeting will be held in Philadelphia on the *third Tuesday in May*, 1893.

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Physicians contemplating a retirement from a general practice, and wishing to take up an easy office specialty can learn something greatly to their interest by writing for particulars to G. W. POWELL, M. D., MORIAH, N. Y.

GLEET SPECIFIC.—The increasing demand for my SPECIFIC FOR GLEET is in itself sufficient evidence of its real merits. One full package with formula, by mail for $1.00. Address, G. W. POWELL, Moriah, N.Y.

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Perfected AND Tasteless Preparation
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Conbined with Extract of Malt, Fluid Extract of Wild Cherry Bark and Syrup Hypophosphites Compound (containing Lime, Soda, Potassium, Iron, Manganese, Quinine and Strychnia).

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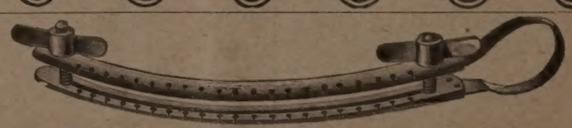

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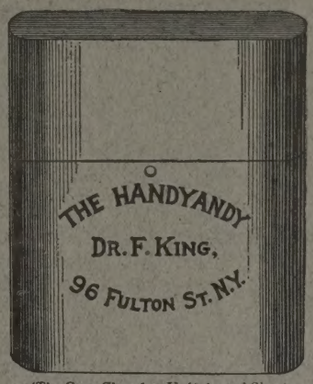

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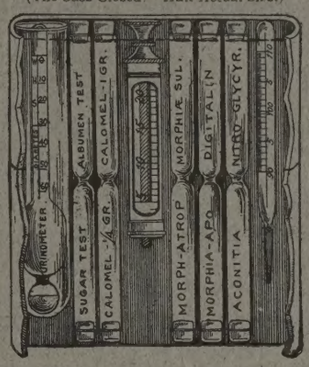

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Calomel Comp. No. 2.	Morphia ¼ gr. (Hypo.)
Camphor Monobrom 1-10 gr.	Morphia ¼ and Atropia 1-200 (Hypo.)
Cathartic Comp. U. S. P.,	Nitroglycerine.
Cathartic Comp. Veg.	Nux Vomica.
Cathartic Comp. Imp.	Opium ¼ gr.
Cocaine Hydrochlor 1-100 (Hypo.)	Papoid
Conium Comp.	Rhubarb Comp. U. S. P.
Copper Arsenite.	Sparteine Sulph. 1-60.
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